

REQUEST FOR VERIFICATION OF EMPLOYMENT

A. NAME AND ADDRESS OF APPLICANT FOR LOAN

Name _____

Street Address _____

City, State, Zip Code _____

B. NAME AND ADDRESS OF APPLICANT'S EMPLOYER

Name _____

Street Address _____

City, State, Zip Code _____

C. SOCIAL SECURITY NUMBER

NOTE TO EMPLOYER: The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has authorized this Department in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this department and the U.S. Department of Housing and Urban Development. Please furnish this information requested below and return this form.

EMPLOYER'S VERIFICATION

D. Position Held _____

F. Date of Employment _____

G. Probability of Continued Employment _____

E. Rate of Pay (Estimated, if not actually paid on hourly or annual basis)

HOURLY \$ _____ ANNUAL \$ _____

Hours worked per week: _____

Additional Compensation:

Actual Amounts Received Past 12 Months

Overtime \$ _____

Commissions \$ _____

Bonus \$ _____

H. Other Remarks: _____

I. If applicant is in military service, give income on monthly basis as follows:

Base Pay \$ _____

Quarters and Subsistence \$ _____

Flight or Hazard Duty Allowance \$ _____

Additional Information: _____

J. Signature of Employer

The above information is furnished in strict confidence in response to your request.

Date

Signature

Title

K. NAME AND ADDRESS OF PUBLIC BODY TO WHICH THIS FORM IS TO BE RETURNED (INCLUDING ZIP CODE)

Harris County Community Services Department
Attn: Victoria Peay, Lending Assistant
8410 Lantern Point
Houston, Texas 77054
713-578-2000/FAX 713-578-2196

L. Authorization

I hereby authorize release of the above requested information.

Signature of Applicant

Date

REQUEST FOR VERIFICATION OF DEPOSIT

A. Name of Applicant

B. Name of Bank/Depository

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

C. Social Security Number(s)

D. Account Number(s)

E. Balance

\$

F. Type of Account(s)

NOTE TO BANK OR OTHER DEPOSITORY: The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has indicated in a financial statement that the information shown in Block E and F above concerning a deposit with you, and has authorized this Public Body in writing to verify this information with any source named in the application. We also wish to know whether this application has any loans outstanding with your institution. Your verification of this information, together with any other information that may be of assistance in rendering a decision, is for the confidential use of this Public Body shown in Block M, using the address shown. Any statements on your part or on the part of any of your officers as to the responsibility or standing of any person, firm or corporation is a matter of opinion and is given as such, and solely as a matter of courtesy, for which no responsibility is attached to your institution or any of your offices.

VERIFICATION OF BANK OR OTHER DEPOSITORY

G. Is information given in Blocks E and F approximately correct? ☐ Yes ☐ No

H. Loans outstanding to applicant:

Date of Loan and balance

1. Secured		\$
2. Secured		\$

I. Approximate average balance for the past two months: _____

J. If account was opened less than two months ago, give the date opened: _____

K. Additional information: _____

L. Signature of Official Bank or other Depository

The above information is furnished in strict confidence in response to your request, and is solely for use of the Public Body shown in Block M and the U.S. Department of Housing and Urban Development.

Date

Signature

Title

M. Name and Address of Public Body to which this form is to be returned (including Zip Code)

Harris County Community Services Department

Attn: Victoria Peay, Lending Assistant

8410 Lantern Point

Houston, Texas 77054

713-578-2000 / Fax 713-578-2196

N. Authorization

I hereby authorize release of the above requested information.

Signature

Date

REQUEST FOR VERIFICATION OF MORTGAGE OR DEED OF TRUST

A. Applicant's Name

Applicant's Address

B. Mortgage Company's Name

Mortgage Company's Address / Telephone Number

C. Account Number

NOTE TO MORTGAGE COMPANY: The applicant identified in Block A has applied for a Federal loan for rehabilitation of the above property under Section 312 of the Housing Act of 1964, as amended. The applicant has authorized this Department in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department and the U.S. Department of Housing and Urban Development. Please furnish this information requested below and return this form.

MORTGAGE DATA

(TO BE COMPLETED BY MORTGAGE COMPANY ONLY)

D. FINANCIAL DATA

Date of Loan Maturity

Present Balance

1. Type of Mortgage

\$

☐ Conventional

☐ FHA

☐ VA

Monthly Payment to Principal and Interest

Mortgage Insurance Premium

2. Are Payments Current

\$

\$

☐ YES

☐ NO

Real Estate Taxes

Fire Insurance

\$

\$

ARREARS \$ _____ PERIOD _____

TOTAL MONTHLY PAYMENT : \$ _____

3. State the amount of termination fee or prepayment penalty payable upon full prepayment of the loan
\$

4. Has the account been satisfactory

☐ YES

☐ NO

E. Other Remarks:

F. Signature of Mortgage Company

The above information is furnished in strict confidence in response to your request.

Date

Signature

Title

G. NAME AND ADDRESS OF PUBLIC BODY TO WHICH THIS FORM IS TO BE RETURNED (INCLUDING ZIP CODE)

Harris County Community Services Department

Attn: Victoria Peay, Lending Assistant

8410 Lantern Point

Houston, Texas 77054

713-578-2000/FAX 713-578-2196

H. Authorization:

I hereby authorize the mortgage company to furnish to the public body (identified in Block G) the information regarding the mortgage identified above.

Signature of Applicant

Date

VERIFICATION OF ASSETS DISPOSED

I, _____, certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I have not disposed of more than \$1,000.00 in assets for less than fair market value.

If assets were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	
4.	

Amount received for assets disposed of:

1. _____
2. _____
3. _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Printed Name

Signature of Applicant

Date

Printed Name

Signature of Co-Applicant

Date